

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/05/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/08/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8518	774	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8517	2	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	776	776	0
3404902	BLUE RIDGE COMM UNIT?	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	8517	184	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	105	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	490	992	502
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404905	TREND COMM MENT AL HLTH CTR	8525	111	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		8326	27	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	0	138	138	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8518	141	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	145	184	39
3404912	CATAMBA COUNTY ENTAL HEALT	8931	123	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	123	245	1777	1532
		8000	47	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404913	MECKLENBURG COM ENTAL HEALT	8599	1982	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8933	1111	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1978	5382	10629	5247
		8935	641	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEAL	8517	623	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	533	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	16	1562	5786	4224
		8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	11	810	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	510	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	1927	3253	1326
		8326	404	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404918	ROCKINGHAM CO M ENTAL HEALT	11	940	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	81	DUPLICATE OF CLAIM-SYSTEM	56	1179	1964	785
		8935	48	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8518	785	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8599	506	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	286	1853	12774	10921
		8931	149	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASHEL L AREA MHI D	8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8517	7	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	17	17	0
3404921	ORANGE PERSON C HATHAM AREA	5312	2559	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8329	376	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	89	3885	7898	4013
		8599	323	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8518	480	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		0	0		0	480	480	0
3404923	VGFW AREA AUTHO RITY	8599	929	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	241	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1495	3853	2358
		8518	174	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404924	PIEDMONT AREA M H/DD/SAS	8326	2	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	2	2	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	21	4261	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	1478	DETAIL NOT COVERED BY COMBINAT	462	7897	19085	11188
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	578	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404926	SOUTHEASTERN RE	8599	738	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	685	CLAIMS DENIED, SUBMITTED BEYON	504	3356	15260	11904
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	536	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M	8599	189	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	79	CLIENT NOT ELIGIBLE ON SERVICE	0	456	3024	2568
				DATE				
		21	50	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/	8599	5306	DETAIL NOT COVERED BY COMBINAT				
	DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	2759	DUPLICATE OF CLAIM-SYSTEM	3	10948	14168	3220
		8329	2523	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	8599	30	DETAIL NOT COVERED BY COMBINAT				
	MNVL WLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0	0		0	30	210	180
3404931	WAKE CO HUM SVC	11	232	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		8518	120	CLAIM DENIED, SUBMITTED BEYOND	6	366	396	30
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	21	482	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	82	DETAIL NOT COVERED BY COMBINAT	76	925	5546	4621
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	80	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				

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3404934	ONSLow COUNTY B EHAVIORAL H	8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	97	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	448	1506	1058
		8329	80	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	111	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	35	179	2261	2082
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	8517	188	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	43	DUPLICATE OF CLAIM-SYSTEM	6	283	3012	2729
		8621	18	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404938	VGFW DBA RIVERS TONE COUNSE	8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	16	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	14	106	871	765
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404939	NEUSE MENTAL HE ALTH CENTER	11	199	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	96	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	338	939	601
		8621	14	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	PITT CO MR/DD/S AS CENTER	8517	1121	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		537	718	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	153	2498	4566	2068
		8599	235	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8517	45	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		143	34	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	32	137	594	457
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8599	288	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	53	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	85	570	3635
		537	49	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE			
3404944	EASTPOINTE HUMAN SERVICES	8518	213	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY			
		8599	167	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	68	680	6631
		537	153	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE			
3404946	FOOTHILLS AREAMENTAL HEALTH	8518	39	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY			
		0	0		0	39	39
3404957	TIDELAND MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	61
3404959	DAVIDSON CO MENTAL HLTH CT	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404979	NEW RIVER AREAMH/DD/SA PRO	8599	423	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	169	CLIENT NOT ELIGIBLE ON SERVICE DATE	39	676	4121
		8931	38	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			